April 8, 2020

Dear PEARLS programs,

We continue to receive questions on best practices for PEARLS with the COVID-19 pandemic. Here is updated guidance for remote PEARLS delivery and training, and lessons learned to date. Thanks for sharing your wisdom.

Please continue to follow your agency and public health standards to guide your telePEARLS practice.

This is relatively new territory so we welcome learnings from the field. We will also send a monthly survey in partnership with the Evidence-Based Leadership Collaborative to gather the latest on remote program delivery and what supports are needed. We will share learnings through our listserv, partners, and future TA calls.

Many thanks for all you are doing to support older vulnerable communities during this unprecedented time!

******************************************************************************************

Spring Seattle PEARLS training will be a distance training

We are moving our April 30-May 1 Seattle PEARLS training to distance training, given public health recommendations. Please contact Caitlin at cmayotte@uw.edu by April 17th if you are interested in attending distance PEARLS training in late April/early May.

Remote PEARLS sessions

Given the circumstances, we support you developing procedures for doing PEARLS by phone or video-conferencing. We recommend these protocols be in accordance with your agency or PEARLS program’s policies and procedures for new and/or existing client services, and in-line with current public health and agency guidelines for COVID-19.

For new clients:

If possible, we recommend that you do not start new clients by phone. Consider doing phone sessions only for existing clients who are at least several sessions into the program. New clients could be put on a wait list and offered other tele-services in the interim, such as case management, peer support, etc.

That said, several PEARLS programs are engaging new clients by phone, given limited options for serving their older communities at this time. If you decide to do all PEARLS sessions remotely, consider mailing the client several materials: screening and baseline forms, response choice cards, introduction to PEARLS handout, problem list, blank PEARLS worksheets and PHQ-9s, and the Do More/Feel Better handout. Mail forms that the client can fill out themselves and send back via SASE to save time on the phone (e.g. Participant Info Form).

You may need more time initially during phone sessions to build rapport and orient new clients to the program and process (including how PEARLS is different than case management or other supports because the focus is on learning new tools to manage their depression and lives). Some clients may prefer to break the baseline session into two calls as it can be tedious to get through screening, program orientation, and problem list in one call.

Some programs have tried and discontinued serving new PEARLS clients as it can be hard to establish rapport when not seeing clients face-to-face.
For current PEARLS clients:

As of today, some current PEARLS organizations have switched to doing remote sessions to continue PEARLS in COVID-19 times. Most are doing tele-sessions by phone and a few are using video-conferencing as well.

Organizations have shared that clients are adapting fairly well to doing sessions remotely as they know the process and already have rapport with the PEARLS counselor.

Here are some guidelines for phone or video-conferencing PEARLS sessions, based on what we know to-date:

- **Mail copies of the blank Problem List** to the client to fill out/follow along during phone sessions. Could also include PHQ-9 and response choice cards if in earlier sessions (less familiar with filling this out).
- **Mail completed Problem List and PEARLS Worksheet** to client so they have this as a reminder.
- **Program the PEARLS counselor’s number** into the client’s home phone or cell phone so they don’t think it is spam and don’t answer when you call (don't do this if using personal phone for work) OR ask them to call you at scheduled appt time.
- **If using video-conferencing**, make sure the client has access to and can use this technology. Also, please note that many platforms are not HIPAA-compliant. We know of a Zoom HIPAA-compliant platform and welcome suggestions for other appropriate tech.
- **Consider providing remote PEARLS sessions more frequently** or providing brief check-in calls between monthly sessions to keep clients engaged and make sure they are doing OK. We recommend still sticking with the model to taper session frequency over time so the client can learn and apply skills on their own.
- Some clients may feel very stressed or anxious about COVID-19 and have a hard time focusing on PEARLS. Allow the client some time to have some grief and to validate their feelings - empathize that we are all going through this. Then, gently redirect to focusing on what they can do with PST and BA.
- Some clients may be frustrated by their PHQ-9 scores going up since COVID-19 arrived. This is a chance to reinforce psychoeducation about depression and how their symptoms may worsen when there is more stress. Then focus on what they can control in their lives, even in these uncertain times globally.
- It’s also OK for a client to pause their PEARLS sessions, if they prefer. In general, if they pause for less than several months, you may resume sessions where you left off (possibly meeting more frequently if you left off during later monthly sessions to reinforce the PST and BA skills). If it is more than a 3-month pause, we recommend restarting PEARLS sessions (if possible with your agency and funding policies).
- It is too early to know what to recommend after remote PEARLS sessions end. We recommend following PEARLS-as-usual practices, whether connecting to other tele-supports, or services like friendly visiting programs or long-term counseling.
- Now is an opportunity to reach out to former PEARLS clients and check in to see how they are doing. Clients who initially refused home-based PEARLS may be more amenable to telePEARLS at this time.
- Likewise, remember to set reasonable expectations for your remote PEARLS sessions. It’s ok if a session was not fully successful and it’s ok that you don’t have all the answers. Reach out to peers for not only advice but also to process and share our experiences through all this and to give yourself a break.
Track learnings!

If you have not done so already, please start tracking which PEARLS sessions are being done remotely. This will help us all learn whether and how remote PEARLS is working compared to in-person sessions.

Using PST and BA in COVID-19 context

PST can be an appropriate tool for helping PEARLS clients problem-solve in this COVID-19 climate. Make a new COVID-19 problem list of what the client is worried about now and work with them to find appropriate solutions and action plans that they can do.

Likewise, BA can help PEARLS clients plan regular physical, pleasant, and social activities that align with both client preferences and social distancing guidelines.

Providing resources

Several PEARLS programs have found that remote PEARLS sessions can be an opportunity to share resources with isolated older persons. These include information from the local public health department on COVID-19 guidelines, and where they can access basic needs like meal delivery. Public health is also a resource for questions about testing and symptoms for older persons who do not have a regular primary care provider.

The National Council on Aging (NCOA) also has several useful resources for engaging vulnerable older communities and guidelines for other remote evidence-based programs.

Assessing social isolation and loneliness

People are concerned that COVID-19 social distancing guidelines will increase isolation among already vulnerable older persons. Several programs have shared that clients appreciate the connection offered when their PEARLS provider calls them.

As part of our AARP Foundation-funded PEARLS Connect Study, we are using a social isolation and loneliness survey to assess PEARLS clients at the beginning and end of the program. These questions can also provide more details on how clients are being or feeling disconnected in COVID-19 times. Please contact Lesley at lesles@uw.edu if you are interested in adding this survey to your PEARLS baseline and final questionnaires. This survey includes the Duke Social Support Index-10, PROMIS Social Isolation-6, and UCLA Loneliness-3.

The importance of self-care for PEARLS providers

Remember to take care of yourself so that you can care for others. Feelings such as loneliness, boredom, fear of contracting disease, anxiety, stress, and panic are normal reactions to a stressful situation such as a disease outbreak. Even if you are isolated or quarantined, this will be temporary. Here are tips from the CDC and UW:

- Take care of your body.
- Connect with others.
- Take breaks.
- Stay informed.
- Avoid too much exposure to news.
- Seek help when needed.

Questions? Concerns? Contact us at uwpearls@uw.edu